



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH PROFESSIONAL LICENSING ADMINISTRATION

NEW LICENSE APPLICATION
BOARD OF PROFESSIONAL COUNSELING

Please read instructions before completing this form. If you have any questions, call HPLA Customer Service at **1-877-672-2174**, Monday through Friday, 8AM to 5PM EST. **A charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208)**

Section 1. REQUEST LICENSE TYPE/FEEES

ADD - Addiction Counselor by Endorsement	\$176.00	<p>Make check or money order payable to <u>Promissor</u></p> <p>Mail To: Department of Health Health Professional Liscensing Adminstration Board of Addiction Counseling 717 14th Street, NW Suite 600 Washington, DC 20005</p> <p>Walk-in Service <u>Monday through Friday, 9 to 4 EST</u> 717 14th Street, NW Suite 600 Washington, DC 20005</p>						
ADD - Addiction Counselor by Other	\$176.00							
Duplicate Licenses (limit 5)	\$26.00= \$							
Total Enclosed	\$							
		<table><tr><th>Check \$</th><th>HPLA ONLY Check #</th><th>Staff</th></tr><tr><td></td><td></td><td></td></tr></table>	Check \$	HPLA ONLY Check #	Staff			
Check \$	HPLA ONLY Check #	Staff						

Section 2. APPLICANT NAME/DEMOGRAPHIC INFORMATION

Enter your name exactly as it should appear on the license. If your name has changed at any point since you attended college or university, please complete Section 3 on page 2. You must also provide a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

First Name	Last Name	MI	Suffix (Jr, Sr, etc.)
Social Security Number		Date of Birth (mm/dd/yyyy)	
Place of Birth	Male Female Gender		

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Section 3. PREVIOUS NAMES

If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate

First Name MI Last Name Suffix (Jr, Sr, etc.)

Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate

First Name MI Last Name Suffix (Jr, Sr, etc.)

Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate

First Name MI Last Name Suffix (Jr, Sr, etc.)

Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate

First Name MI Last Name Suffix (Jr, Sr, etc.)

Section 4A. HOME ADDRESS

Even if you have a PO Box, a street address should also be provided, if applicable. ZIP code should correspond to the PO Box number.

Apartment Suite Floor PO Box Building Number

Street Address 1

Street Address 2

City

State Zip Code + 4

Phone Fax Email

Section 4B. BUSINESS ADDRESS

Even if you have a PO Box, a street address should also be provided, if applicable. ZIP code should correspond to the PO Box number.

Company Name

Apartment

Suite

Floor

PO Box

Building Number

Street Address 1

Street Address 2

City

State

Zip Code + 4

Phone

Fax

Email

Section 4C. PREFERRED MAILING ADDRESS

Indicate your preferred mailing address by selecting the appropriate box. This will be the address to which all future licensing documents will be mailed and will also be the address displayed on the website. The address that will appear on your license will be your business address.

[Home](#)

Business

Section 5A. PROFESSIONAL SCHOOLS ATTENDED

List all schools that you have attended, in reverse chronological order, beginning with the most recent at the top.

[illegible]

Section 5B. POSTGRADUATE EXPERIENCE

List all experience since graduation from school, in reverse chronological order, beginning with the most recent.

[illegible]

* TYPE OF POSITION KEY

- A. Employment
B. Internship
C. Private Practice
D. Clinical Rotations
E. Other (specify on separate sheet of paper)

Section 5C. PROFESSIONAL LICENSES IN OTHER STATES/JURISDICTIONS

List all states and jurisdictions in which you have ever held a license. Provide letters of verification from original and current jurisdictions (if different).

[illegible]

Section 6. SUPPORTING DOCUMENTS

Please indicate the supporting documents you have included in this package or requested to be sent to the Board of Professional Counseling. Keep a photocopy of all supporting documents for your records.

**HPLA
ONLY**

A.	Completed and notarized application.	Yes No	
B.	Two recent passport-type photos of the applicant's face (approx. 2" X 2") with applicant's name printed on the back. Home snapshots are not acceptable.	Yes No	
C.	Verification of completion of 135 hours of training or education as outlined in the Addiction Counselors instructions (you may submit photocopies of certificates).	Yes No	
D.	Verification of 1,500 hours of clinical work experience in drug counseling Letters from your Supervisor or Human Resource Office.	Yes No	
E.	Do you hold a current and valid certificate as an Addiction Counselor for a regulatory board in another jurisdiction of the United States? If yes, you must have an official verification forwarded to D.C.	Yes No	
F.	Examination scores - These should be provided in a sealed envelope from the examination contractor or administrator.	Yes No	
G.	Completed Supplemental Form for Registration of Addiction Counselors.	Yes No	
H.	Completed Clean Hands Form.	Yes No	
I.	Copies of legal documents supporting all name changes.	Yes No	

Section 7. QUESTIONS**Applicants MUST answer all of the following questions**

Please answer questions A through K by placing an "X" in the appropriate boxes. If you answer "Yes" to questions A through K below, you must provide full information and complete details on a separate sheet of paper, including copies of all relevant court documents, and attach to this form.

A.	<p><u>Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement.</u></p> <p>Please read the information below carefully before responding to this yes or no question, as any false information provided requires that the Department of Health proceed immediately to revoke the license or permit for which you are now applying, and fine you one thousand dollars (\$1,000.00), pursuant to DC Official Code § 47-2864 (2001).</p> <p>IF YOU ANSWER "YES" TO THIS QUESTION, PLEASE SUBMIT PROOF OF THE ARRANGEMENTS YOU HAVE MADE TO PAY THE OUTSTANDING DEBT. IF YOU DO NOT HAVE AN APPROVED PAYMENT SCHEDULE TO PAY THE AMOUNT YOU OWE OR IF NO APPEAL IS PENDING, THE LAW REQUIRES THAT YOUR NEW LICENSE APPLICATION BE DENIED.</p> <p>As of this date, do you owe more than one hundred dollars (\$100.00) to the District of Columbia government as a result of any of the following:</p> <p>Fines, penalties, or interest assessed pursuant to DC Official Code Title 8, Chapter 8 (Litter Control Administrative Act of 1985) Fines or interest assessed pursuant to DC Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994) Fines, penalties, or interest assessed pursuant to DC Official Code Title 2, Chapter 18 (Civil Infractions Act of 1985) Past due taxes Past due District of Columbia Water and Sewer Authority service fees Fines or penalties assessed pursuant to DC Official Code Title 50, Chapter 23 (Traffic Adjudication)</p> <p>The information presented above is in compliance with the requirement to submit with your application for licensure or permit under the Clean Hands Before Receiving a License or Permit Act of 1996, effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2861 et seq.).</p>	Yes No	HPLA ONLY
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B.	Have you ever been convicted of or investigated for a crime or misdemeanor (other than minor traffic violations) not previously reported to the Board?	Yes No	
C.	Have you ever been party to a malpractice action or had a malpractice action brought against you?	Yes No	
D.	Have you ever voluntarily surrendered a license after formal charges have been filed against you or while under investigation?	Yes No	
E.	Has any authority taken adverse action against your license or privileges or informed you of any pending charges not previously reported to this board?	Yes No	
F.	Have you ever surrendered your clinical privileges or had your clinical privileges denied, revoked or suspended at any hospital or health care facility?	Yes No	
G.	Have you ever been terminated from or resigned from a clinical or professional training program?	Yes No	
H.	Do you have a physical or medical condition that currently impairs your ability to practice your profession?	Yes No	
I.	Within the last ten (10) years, have you been treated for alcohol abuse, controlled substance abuse, prescribed medication abuse, or illegal drug abuse?	Yes No	
J.	(1) Have you withdrawn an application (in DC or any other state/jurisdiction) to practice your profession? (2) Has any authority or peer review board taken adverse action against your license or privileges? (3) Are you currently under investigation or were you investigated by any authority or peer review board? (4) Has any authority or peer review board informed you of any pending charges(s) or investigation not previously reported to this Board?	Yes No	
K.	Have you ever been terminated due to practice issues or behavioral issues since obtaining your (professional) license within the last ten (10) years?	Yes No	

Section 8. LICENSEE AFFIDAVIT

I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that the making of a false statement on this application, including all writings and exhibits attached hereto, is punishable by criminal penalties.

APPLICANT SIGNATURE

NAME (please print)

DATE

HPLA ONLY

To report waste, fraud, or abuse by any DC government office or official, call the DC Inspector General at 1-(800)-521-1639.